

# APPLICATION DATA SHEET

## Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Title:: System and Method of Mounting a  
Display Screen Via a Pendulum Type  
Mount

Attorney Docket Number:: 1046.P001USC1

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure:: 5

Total Drawing Sheets:: 17

Small Entity?: Yes

Petition Included?: No

Petition Type::

Secrecy Order in Parent Appl.?: No

**Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Jeff
Middle Name::	
Family Name::	Carter
Name Suffix::	
City of Residence::	Buda
State or Province of Residence::	Texas
Country of Residence::	US
Street of Mailing Address::	311 Canyon Wren Drive
City of Mailing Address::	Buda
State or Province of Mailing Address::	Texas
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	78761

### **Correspondence Information**

Correspondence Customer Number::

Name:: Koestner Bertani, LLP  
Street of Mailing Address:: P.O. Box 26780  
City of Mailing Address:: Austin  
State or Providence of Mailing Address:: TX  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 78755  
Phone Number:: (512) 339-4100  
Fax Number:: (512) 692-2529  
E-Mail Address:: [rmclauchlan@kbpatents.com](mailto:rmclauchlan@kbpatents.com)

### **Representative Information**

Representative Designation::	Registration Number::	Representative Name::
Primary	44,924	Robert A. McLauchlan
Associate	42,321	Mary Jo Bertani
Associate	33,004	Ken J. Koestner

### **Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This	An application	60/445,950	02/07/2003
Application	claiming the benefit		
	under 35 USC 119(e)		

### **Assignee Information**

Assignee name::	Ergodontics
Street of Mailing Address::	6903 Winterberry Drive
City of Mailing Address::	Austin
State or Province of Mailing Address::	TX
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	78750